

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, May 27, 2014 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Collens called the meeting to order.

Present: Chairman Lewis M. Collens and Director Wayne M. Lerner (2)

Patrick T. Driscoll, Jr. (non-Director Member)

Absent: Director Luis Muñoz, MD, MPH (1)

Additional attendees and/or presenters were:

Debra Carey - Chief Operating Officer, Ambulatory Services

Peter Daniels – Chief Operating Officer, Hospital Based Services

Randolph Johnston –System Associate General Counsel

Michael Kelly, MD – John H. Stroger, Jr. Hospital of Cook County

Elizabeth Reidy – System General Counsel

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Interim Chief Executive Officer and Chief of Clinical Integration

Ozuru Ukoha, MD – John H. Stroger, Jr. Hospital of Cook County

Pierre Wakim, MD – Provident Hospital of Cook County

II. Public Speakers

Chairman Collens asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from System Chief Quality Officer

A. Regulatory and Accreditation Updates

Debra Carey, Chief Operating Officer of Ambulatory Services, provided an update regarding the Joint Commission survey of the Ambulatory and Community Health Network of Cook County (ACHN). She stated that the survey took place between March 17th and March 20th. The administration was required to submit action plans on several items that were cited during the survey. One of the responses was submitted prior to May 15th, as was required; in that response, it was indicated that all of the citations had been reviewed and addressed, and action items, as well as monitoring actions, have been implemented. The second set of responses was due on May 30th; the administration has also submitted its corrective action plan, as well as monitoring activities that will be conducted on those citations. As of this date, responses have been submitted for all of the requirements for the survey.

B. Publicly Reported Ratings

There was no report presented on this subject at this time.

III. Report from System Chief Quality Officer (continued)**C. Report – 2013 Stroke Program (Attachment #1)**

Dr. Michael Kelly, Chairman of the Division of Neurology, Department of Medicine, provided a presentation on the 2013 Stroke Program. The Committee reviewed and discussed the information.

The Committee discussed the differences between a primary stroke center and a comprehensive stroke center. Stroger Hospital is certified as a primary stroke center; Dr. Kelly noted that most major hospitals in the area are certified as either primary or comprehensive stroke centers.

Dr. Kelly stated that certification as a primary stroke center requires that the hospital administration and staff follow the guidelines, have the structure in place, measure and compare the hospital against national goals, and are able to provide the kind of educational program that is required. To do that, the hospital needs to have a radiology suite that meets certain standards; it also needs to have an intensive care unit (ICU) that meets certain standards. It needs to have leadership within the medical group, and also needs to have the administrators in the hospital support it.

Ramping up to a comprehensive level involves a few more requirements. The hospital needs to have a neurologic ICU that is able to provide the kind of care that is available twenty-four hours per day/seven days per week (24/7) that these very sick patients need. The typical institution that is certified at a comprehensive level would have a neurologic ICU where all serious stroke patients would be admitted. Those patients would be cared for by a group of individuals dedicated to care of stroke patients. Typically, this kind of level of service would have within it teaching programs, such that they would provide fellowships for the training of people to follow them afterwards. The hospital would need to have endovascular therapy available 24/7 – this is a matter of being able, on very short notice, to deliver thrombolytic clot busting drugs by way of a catheter into that very blocked artery in the brain. Stroger Hospital provides some of that kind of care, but does not provide that level of care on a 24/7 basis.

Director Lerner noted that 92% of Stroger Hospital stroke patients present as basically a result of blood clots. With regard to CountyCare patients, and managing a population, the hypothesis he would put on the table is to ask how many of that 92% could effectively be managed on a primary prevention basis, and how many of those folks could be obviated through some type of primary prevention before the onset of the stroke? Once an institution has a risk-based population, having members of that population present with a stroke means it is already too late for preventative measures – he wondered how the System can work backwards to prevent that from happening. Dr. Kelly responded that it is not known what is the maximum ability of the System to prevent it, but it could probably be reduced by half if all of its patients were within range with their blood pressure, diabetes and cholesterol, and did not practice risky behaviors with drugs – he believes that is a goal. The other half is composed of unknown factors, including things like genetic predispositions that cannot be addressed at this time. Currently, what may be lacking are stronger efforts to make the patients informed with the knowledge that following a program can prevent this kind of event.

Director Lerner referenced the 80/20 rule – this is a concept that predicts that 80% of the costs and utilization will be caused by 20% of the population. By looking at the CountyCare member at-risk population, such as those members who are at a higher risk for stroke, and striving for some kind of community intervention that can take place, perhaps the onset of the 20% can be minimized. Dr. Kelly added that 20% of patients who have a stroke will have another stroke within five years – for that group, it is incumbent upon the System to make sure it takes care of that high-risk group.

III. Report from System Chief Quality Officer

C. Report – 2013 Stroke Program (continued)

Dr. Kelly stated that the mean age of the stroke patients at Stroger Hospital is 58 years; nationally, the mean age of stroke patients is 70. 12% of Stroger Hospital stroke patients are under the age of 45; 82% are under the age of 65. With regard to risk-based populations, Director Lerner noted that the acute care for stroke patients is only part of the care involved; the post-acute care is extremely important, too, because a stroke essentially becomes a chronic disease that has to be managed along with the patient's other medical problems.

IV. Action Items

A. Minutes of the Quality and Patient Safety Committee Meeting, April 24, 2014

Director Lerner, seconded by Chairman Collens, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of April 24, 2014. THE MOTION CARRIED UNANIMOUSLY.

B. **Medical Staff Appointments/Re-appointments/Changes (Attachment #2)

Director Lerner, seconded by Chairman Collens, moved to approve the medical staff appointments/reappointments/changes. THE MOTION CARRIED UNANIMOUSLY.

C. Any items listed under Sections IV, V and VI

V. Recommendations, Discussion/Information Items

A. Reports from the Medical Staff Executive Committees

- i. Provident Hospital of Cook County
- ii. John H. Stroger, Jr. Hospital of Cook County

Dr. Ozuru Ukoha, President of the Executive Medical Staff (EMS) of John H. Stroger, Jr. Hospital of Cook County, presented his report regarding the recent meeting of the EMS on May 13th.

Dr. Ukoha stated that, at that meeting, an update was received on Meaningful Use. One of the initiatives relating to that is the creation of an internet portal for use by patients to access their medical records. MyCookCountyHealth.org allows the patients to sign up to view their medical records, which are updated within a few hours of the patient leaving one of the System's facilities. The patients are allowed to view some data; the portal also gives them the opportunity to do other things, such as schedule appointments online and receive information on financial counseling. Dr. Ukoha stated that, over the past three month period, the portal has gotten better, but there are certain areas where goals still need to be reached.

Dr. Ukoha stated that the medical staff is concerned about the proposed changes to the County's pension plan. He stressed the need to effectively deliver information on this matter to the medical staff across the spectrum. Dr. John Jay Shannon, Interim Chief Executive Officer and Chief of Clinical Integration, stated that the administration is currently in the watchful, waiting mode, anticipating that something is going to happen in Springfield this week regarding this subject. Once the details of that legislation are known, then the administration will have a much better ability to focus in and highlight some of those areas in particular that it believes are at risk because of impending pension plan changes.

V. Recommendations, Discussion/Information Items**A. Reports from the Medical Staff Executive Committees (continued)**

Dr. Ukoha brought up the subject of capacity; he indicated that, as patients continue to be signed up as CountyCare members, staff needs to continue to work diligently to provide those patients with a home for their medical issues. Director Lerner remarked that, rather than treating this as a matter relating to capacity, perhaps it should be viewed as a matter relating to capabilities - you really want to have the capability to treat all of these patients. The size issue is really a throughput problem; it is a systemic problem. Issues relating to location are influenced by whether the patients are treated here in the hospital or in the community. There are a lot of alternatives for effective treatments for a large number of patients. He stated that the capability discussion boils down to the common belief shared by staff and the Board – they want the County System to treat patients as if they were in a private system - that is really the standard that is needed, otherwise those patients will choose to go to another system.

In response to a question posed by Chairman Collens regarding one or two areas in need of improvement that relates to capacity/capability, Dr. Ukoha stated that, in his opinion, the two areas would be access and staffing. The System needs to have a bank of services and needs to provide patients with the opportunity for them to get access to health care when they need it – staff is working very hard on addressing this. To do this, the System needs to have enough employees, including members of the medical staff. The System needs to grow that number – if the System can keep the staff it currently has by persuading them from leaving the System, and then focus on hiring people to fill the other vacancies, this favorably impacts access.

Dr. Pierre Wakim, of Provident Hospital of Cook County, presented a report on behalf of Dr. Anwer Hussain, President of the EMS of Provident Hospital of Cook County. With regard to the subject of proposed changes to the County's pension plan, he noted that a member of the staff at Provident Hospital recently resigned, in anticipation of legislation that may soon be voted upon down in Springfield; he remarked that it is challenging to replace valued staff, particularly those in leadership positions.

With regard to the earlier discussion on capacity/capabilities, Dr. Wakim stated that, approximately four years ago, presentations were prepared and research done on the possibility of creating a center for chronic illness and preventive medicine on the South side of Chicago; he added that this initiative was not further developed due to funding issues. He noted that staff are equipped with knowledge to move forward if it is determined that this initiative should be re-examined.

VI. Closed Meeting Items**A. **Medical Staff Appointments/Re-appointments/Changes****B. Litigation Matter(s)**

Director Lerner, seconded by Chairman Collens, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," 5 ILCS 120/2(c)(11), regarding "litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting," and 5 ILCS 120/2(c)(17), regarding "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body." THE MOTION CARRIED UNANIMOUSLY and the Committee recessed into closed session.

VI. Closed Meeting Items (continued)

Chairman Collens declared that the closed session was adjourned. The Committee reconvened into regular session.

VII. Adjourn

Director Lerner, seconded by Chairman Collens, moved to adjourn the meeting. THE MOTION CARRIED UNANIMOUSLY AND THE MEETING ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXX
Lewis M. Collens, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
May 27, 2014

ATTACHMENT #1



Stroke Program

Report to the Quality and Patient Safety Committee
May 2014

Michael Kelly, MD

Chairman, Division of Neurology, Department of Medicine
Director, Stroke Program



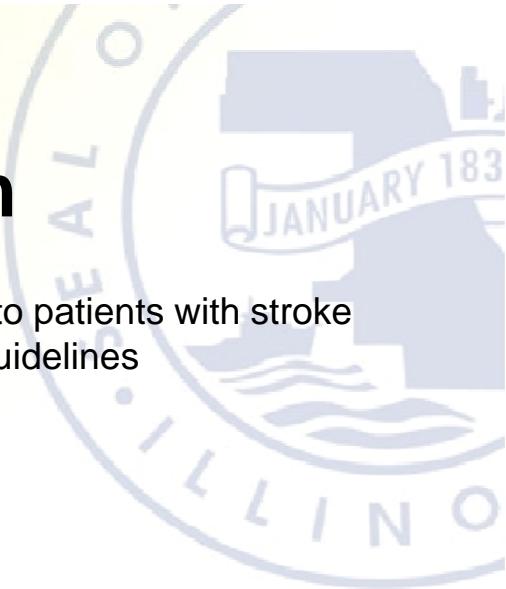
Stroger Hospital Stroke Program

Purpose: To support the Hospital in its provision of high-quality care to patients with stroke through an organized system of care informed by clinical guidelines

Scope: ED and Hospital care of the patient with stroke

Goals: Meet Joint Commission and CMS performance measures
Maintain Joint Commission certification as a Primary Stroke Center
Provide organization and education to support the hospital's delivery of high-quality stroke care

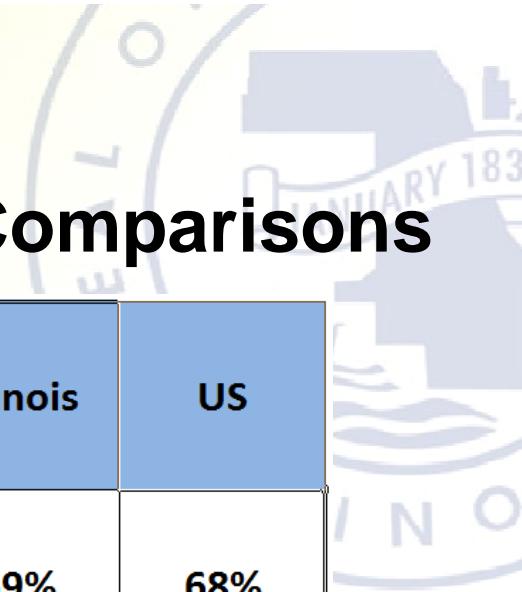
Program: Stroke registry
Performance measure tracking
Address opportunities for improvement
Educational program
Monthly committee meetings
Quarterly report to HQuIPS



2013 Stroger Stroke Discharges by Quarter and Subtype

Stroke Subtype	Q1	Q2	Q3	Q4	Total
Infarction	61	87	90	72	310
Transient Ischemic Attack	18	20	23	9	70
Intracerebral Hemorrhage	2	3	9	13	27
Subarachnoid Hemorrhage	4	4	0	0	8
Total	85	114	122	94	415





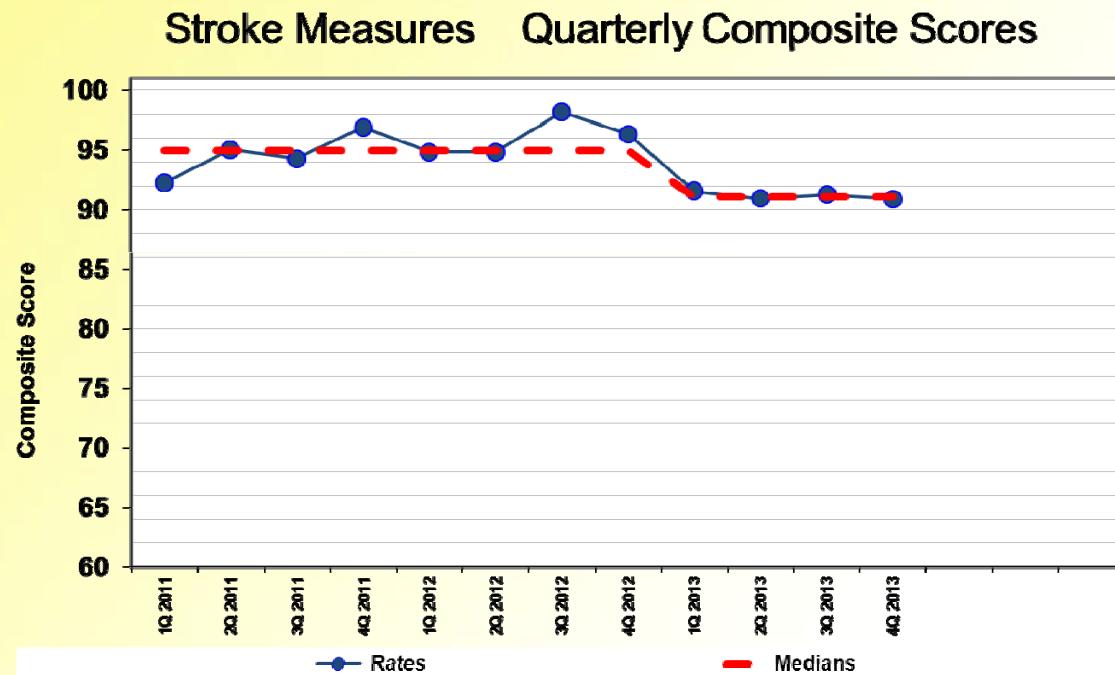
2013 Stroger Stroke Subtype Comparisons

Stroke Subtype	415 Patients	Stroger	Chgo PSC	Illinois	US
Infarction	310	75%	68%	69%	68%
Transient Ischemic Attack	70	17%	11%	15%	17%
Intracerebral Hemorrhage	27	6%	15%	11%	11%
Subarachnoid Hemorrhage	8	2%	6%	5%	4%

“Get With the Guidelines” data from Stroger, Chicago Primary Stroke Centers, Illinois and U.S Hospitals



Stronger Measures Consistently Above 90 Percent



Description

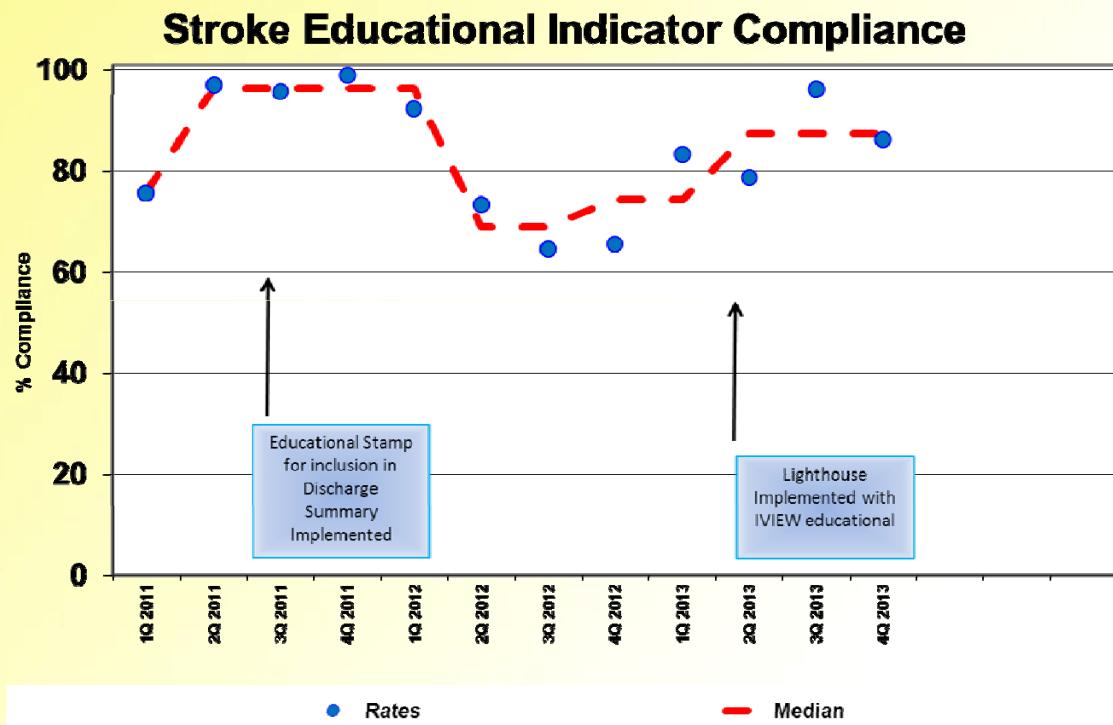
- Thrombolytic use
- DVT prophylaxis
- Aspirin use
- Blood thinners if required
- Cholesterol lowering medication
- Referred for rehabilitation
- All elements of discharge education were provided

Process improvement:

- New protocols
- New tools in the Cerner system



Closing the Loop from Order to Discharge



Description

Documentation that all stroke patients or families will receive educational materials addressing

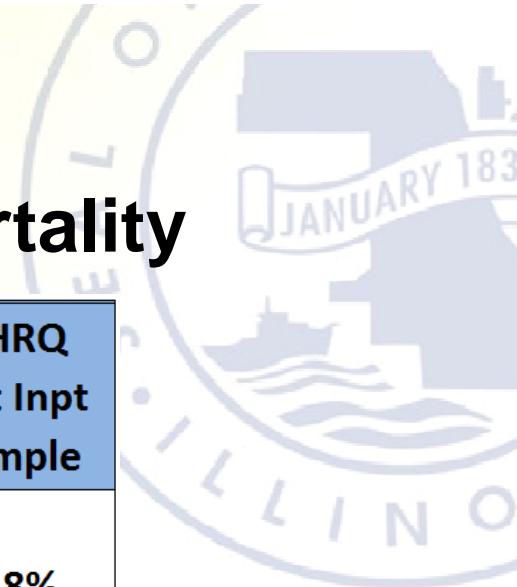
- 1) Stroke emergencies
- 2) Importance of clinic follow up
- 3) Medications given
- 4) Risk factors for stroke
- 5) Warning signs of stroke

Process improvement:

- Increase use of standard approaches to education and documentation



COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS



2013 Stroger Stroke Mortality

Stroke Subtype	415 Patients	Stroger	AHRQ Nat Inpt Sample
Infarction	11/310	3.5%	8.8%
Transient Ischemic Attack	0/70		
Intracerebral Hemorrhage	5/27	18.5%	28.2%
Subarachnoid Hemorrhage	1/8	12.5%	23.8%

Stroke. 2010;41:1748.
www.hcup-us.ahrq.gov

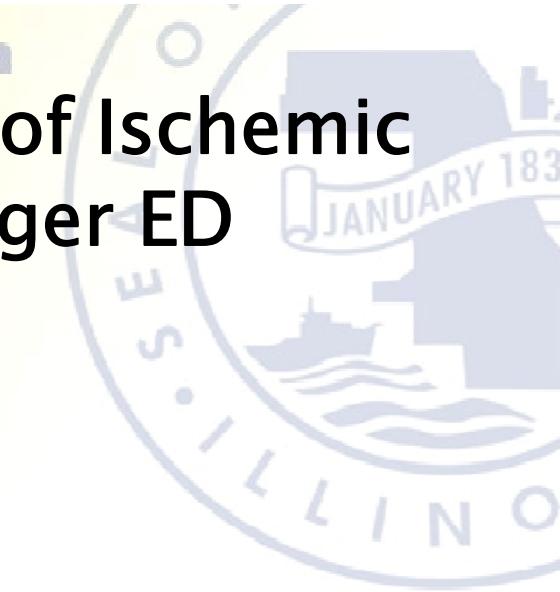
Agency for Healthcare Research
and Quality (AHRQ)



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

2013 Time to Presentation of Ischemic Stroke Patients to Stroger ED

Time to ED Presentation	Infarction Patients (310)	%
<2.0 hours	20	6.4%
>2.0 to <4.5 hours	15	4.8%
>4.5 hours	275	88.7%



Action Plan

1. Continue stroke education of hospitalized patients and families
2. Stroger Hospital Stroke Awareness Day (May 27th)
3. Maintain ED readiness for early intervention in acute ischemic stroke



Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
May 27, 2014

ATTACHMENT #2

John H. Stroger, Jr. Hospital of Cook County



Medical Staff and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Castillo Curiel, Christian, MD Appointment Effective:	Pediatrics/Neonatology July 1, 2014 thru June 30, 2016	Active Physician
Kapotas, James S., MD Appointment Effective:	Surgery/Orthopaedic May 27, 2014 thru May 26, 2016	Consulting Physician
Kumar, Rajeev, MD Appointment Effective:	Pediatrics/Neonatology July 1, 2014 thru June 30, 2016	Active Physician
Thomas, Michael F., DO Appointment Effective:	Medicine/General Medicine July 1, 2014 thru June 30, 2016	Active Physician
Yadav, Neha, MD Appointment Effective:	Medicine/Adult Cardiology May 27, 2014 thru May 26, 2016	Active Physician

INITIAL APPOINTMENT NON-PHYSICIAN APPLICATIONS

Tutaj, Lisa A., PA-C With Zawitz, Chad J., MD Alternate Feldman, Elizabeth, MD Effective:	Correctional Health Services May 27, 2014 thru May 26, 2016	Physician Assistant
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REAPPOINTMENT APPLICATIONS

Department of Anesthesiology

Stojiljkovic, Ljuba, MD Reappointment Effective:	Anesthesia June 29, 2014 thru June 28, 2016	Voluntary Physician
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Department of Emergency Medicine

Cheema, Navneet, MD Reappointment Effective:	Emergency Medicine June 19, 2014 thru June 18, 2016	Voluntary Physician
Lewis, Trevor, MD Reappointment Effective:	Emergency Medicine June 29, 2014 thru June 28, 2016	Active Physician

Department of Family Medicine

Barberousse, Lionel, MD Reappointment Effective:	Family Medicine May 27, 2014 thru May 26, 2016	Active Physician
Donelson, Debbie, MD Reappointment Effective:	Family Medicine May 27, 2014 thru May 26, 2016	Active Physician

Department of Medicine

Acob, Christine D., MD Reappointment Effective:	Hospital Medicine June 20, 2014 thru June 19, 2016	Active Physician
Bressler, Joy, MD Reappointment Effective:	General Medicine June 29, 2014 thru June 28, 2016	Active Physician



John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications

Department of Medicine (continued)

Catchatourian, Rosalind, MD Reappointment Effective:	Hematology/Oncology June 19, 2014 thru June 18, 2016	Active Physician
Dorman, James R., MD Reappointment Effective:	Neurology June 20, 2014 thru June 19, 2016	Active Physician
Escalona, Yolanda R., DO Reappointment Effective:	ACHN/General Medicine June 20, 2014 thru June 19, 2016	Active Physician
Fogelfeld, Leon A., MD Reappointment Effective:	Endocrinology June 20, 2014 thru June 19, 2016	Active Physician
Gueret, Renaud, MD Reappointment Effective:	Pulmonary/Critical Care Medicine June 29, 2014 thru June 28, 2016	Active Physician
Hart, Peter D, MD Reappointment Effective:	Nephrology/Hypertension June 19, 2014 thru June 18, 2016	Active Physician
Herrera, Patricia, MD Reappointment Effective:	Infectious Diseases June 20, 2014 thru June 19, 2016	Active Physician
Imran, Muhammed, MD Reappointment Effective:	General Medicine June 29, 2014 thru June 28, 2016	Active Physician
Kendrick, Sabrina R., MD Reappointment Effective:	Infectious Diseases June 20, 2014 thru June 19, 2016	Active Physician
Khadra, Suhail H., MD Reappointment Effective:	Cardiology June 19, 2014 thru June 18, 2016	Active Physician
Kumapley, Rudolf K., MD Reappointment Effective:	Hospital Medicine June 20, 2014 thru June 19, 2016	Active Physician
Osei, Albert M., MD Reappointment Effective:	Nephrology/Hypertension June 29, 2014 thru June 28, 2016	Voluntary Physician
Pritzker, Rachel, MD Reappointment Effective:	Dermatology May 27, 2014 thru May 26, 2016	Active Physician
Rubin, Rachel L., MD Reappointment Effective:	ACHN/General Medicine June 17, 2014 thru June 16, 2016	Active Physician
Sanati, Maryam, MD Reappointment Effective:	Hospital Medicine June 29, 2014 thru June 28, 2016	Active Physician
Sattar, Payman, MD Reappointment Effective:	Adult Cardiology June 19, 2014 thru June 18, 2016	Active Physician
Schwartz, David N., MD Reappointment Effective:	Infectious Diseases June 20, 2014 thru June 26, 2016	Active Physician
Shah, Mousami, MD Reappointment Effective:	Hematology/Oncology June 29, 2014 thru June 28, 2016	Active Physician
Sharma, Vibhu, MD Reappointment Effective:	Pulmonary/Critical Care Medicine June 19, 2014 June 18, 2016	Active Physician



John H. Stroger, Jr. Hospital of Cook County **Reappointment Applications**

Department of Medicine (continued)

Vergara-Rodriguez, Pamela, MD Reappointment Effective:	Core Center/ID-Psychiatry June 19, 2014 thru June 18, 2016	Active Physician
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Department of Pediatrics

Bell, Margo, MD Reappointment Effective:	Adolescent Medicine June 20, 2014 thru June 19, 2016	Active Physician
Berry-Kravis, Elizabeth, MD Reappointment Effective:	Peds Neurology June 29, 2014 thru June 28, 2016	Consulting Physician
Buhrfield, Colleen, MD Reappointment Effective:	Peds Neurology June 19, 2014 thru June 18, 2016	Voluntary Physician
David, Richard J., MD Reappointment Effective:	Neonatology May 27, 2014 thru May 26, 2016	Active Physician
Deon, Laura L., MD Reappointment Effective:	Pediatrics May 27, 2014 thru May 26, 2016	Voluntary Physician
Mathew, Lilly, MD Reappointment Effective:	Peds Hematology/Oncology May 27, 2014 thru May 26, 2016	Active Physician
Naheed, Zahra, MD Reappointment Effective:	Pediatrics June 29, 2014 thru June 28, 2016	Active Physician
Serratto-Benvenuto, Maria, MD Reappointment Effective:	Peds Cardiology May 27, 2014 thru May 26, 2016	Voluntary Physician
Stahl, Christiane E., MD Reappointment Effective:	Adolescent Medicine May 27, 2014 thru May 26, 2016	Voluntary Physician

Department of Psychiatry

Hall-Ngorima, Regina, MD Reappointment Effective:	Adult Psychiatry June 18, 2014 thru June 17, 2016	Active Physician
Oskin, Yana Michellea, MD Reappointment Effective:	Juvenile Detention Center May 27, 2014 thru May 26, 2016	Active Physician

Department of Radiology

Adeniji, Adejimi, MD Reappointment Effective:	Radiology June 29, 2014 thru June 28, 2016	Active Physician
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Department of Trauma

Bokhari, Faran, MD Reappointment Effective:	Intensive Care June 20, 2014 thru June 19, 2016	Active Physician
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John H. Stroger, Jr. Hospital of Cook County (continued)

Renewal of Privileges for Non-Medical Staff

MacNeill, Sheon K., CNP With Quesada-Rodriguez, Nancy M., MD Effective:	Medicine/Pulmonary & Critical Care May 27, 2014 thru May 26, 2016	Nurse Practitioner
Mathew, Annamma J., CNP With Williams, Adedapo B., MD Effective:	Psychiatry May 27, 2014 thru May 26, 2016	Nurse Practitioner



**CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MAY 27, 2014**



Provident Hospital of Cook County

Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

REAPPOINTMENT APPLICATIONS

Department of Emergency Medicine

Escoto, Michael, DO Reappointment Effective:	Emergency Medicine June 29, 2014 thru June 28, 2016	Active Physician
Nadeem, Ahmed, DO Reappointment Effective:	Emergency Medicine June 17, 2014 thru June 16, 2016	Active Physician

Department of Family Medicine

Barberousse, Lionel, MD Reappointment Effective:	Family Medicine May 27, 2014 thru May 26, 2016	Active Physician
Donelson, Debbie, MD Reappointment Effective:	Family Medicine May 27, 2014 thru May 26, 2016	Active Physician

Department of Obstetrics and Gynecology

Hudson-White, Carmen, MD Reappointment Effective:	Ob/Gyne June 20, 2014 thru June 19, 2016	Active Physician
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Department of Surgery

Crawford, Clifford, MD Reappointment Effective:	General Surgery June 21, 2014 thru June 20, 2016	Active Physician
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CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MAY 27, 2014